



00862.021821.

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AF/2622

Amendment Under 37 C.F.R. § 1.116
Group Art Unit 2622, Expedited Procedure

#6/B

KD
6-10-04

(NE)

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

NORIAKI TANAKA

Application No.: 09/503,478

Filed: February 14, 2000

For: PRINTING SYSTEM AND
METHOD OF CONTROLLING
SAME

Examiner: David Jones

Group Art Unit: 2622

RECEIVED

JUN 03 2004

Technology Center 2600

May 26, 2004

Mail Stop AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL ACTION

Sir:

In response to the Office Action dated February 26, 2004, please amend the above-identified application as follows. The amendments to the claims are reflected in the listing beginning on page 2, and the Remarks begin at page 7.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

May 26, 2004.

(Date of Deposit)

Leonard P. Diana Reg. No. 29,296

(Name of Attorney for Applicant)

Leonard P. Diana

Signature

May 26, 2004

Date of Signature



In re Application of:

NORIAKI TANAKA

Application No.: 09/503,478

Filed: February 14, 2000

For: PRINTING SYSTEM AND METHOD OF
CONTROLLING SAME

Docket No. 00862.021821.

Examiner: D. Jones

Group Art Unit: 2622

Date: May 26, 2004

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THE COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Final Rejection in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 15	MINUS	** 30	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 3	MINUS	*** 6	= 0	x \$43 \$86	0
Fee for Multiple Dependent claims \$145°/\$290						0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant

Registration No. 29,296

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200